Early living donor kidney transplantation: Mode of changes in serum creatinine level during the direct post-transplantation period up to discharge.

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Abstract:

Background and Objectives: Pre-kidney transplantation (pre-KT) duration of dialysis is the strongest modifiable risk factor for the KT outcome. Our aim is to trace the mode of changes of serum creatinine levels in early LDKT patients during the direct post-KT period. Patients and Methods: We prospectively followed the recipients of early LDKT; patients who received no dialysis (preemptive LDKT or group I) and those who received pre-KT dialysis ≤ 6 months (group II) in Misr Kidney Center and Giza Renal Center from June 2010 to June 2012. Means of serum creatinine levels were compared between the two groups at different time points through the direct post-KT period (days spent for reaching normal level, lowest level, abnormal rising attacks and level on discharge). Results: There were 30 patients in group I with a mean age of 43.7 years and 15 patients in group II with a mean age of 34.3 years. The means of days spent for reaching normal serum creatinine levels in group I (3.86 ± 5.20 days) and group II (3.36 ± 2.37 days) were similar (p=0.73). The mean of lowest serum creatinine levels were insignificantly lower in group I (0.93 ± 0.34 mg/dl) than in group II (1.05 ± 0.40 mg/dl) (p=0.28). The percentage of patients who exposed to attacks of abnormal serum creatinine level rising during the post-KT period was less in group I (10%) than in group II (33.4%), but was insignificant (p=0.054). Difference between means of serum creatinine levels on discharge in group I (1.07±0.63 mg/dl) and in group II (1.09±0.42 mg/dl) was insignificant (p=0.9). Conclusion: In the direct post-KT period, means of serum creatinine levels were insignificantly lower in PLDKT patients than in KT recipients after a period of pre-KT dialysis. They also, have less abnormal rising attacks.

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